

WASHINGTON, DC 20001

(202) 508-3400

Facsimile
(202) 508-3402

MEMORANDUM

PUBLIC MEETING SUMMARY- KNOXVILLE, TN

JULY 31, 2012

Meeting 2 Knoxville, TN 4:00 - 5:45 PM
Commissioner Julie McPeak
Larry Knight
Chlora Lindley-Myers
Christopher Garrett
Charlie Schneider
Sheila Burke

Approx. 80 in attendance

Guests: Senator Becky Duncan Massey.

Introduction, Commissioner Julie McPeak, greetings on behalf of Governor Haslam

1) Rick Roach- Tennessee Health Care Campaign

Question: Will you post comparison online of 10 benchmark plans? Flexibility HHS is giving to states- and flexibility to insurers "coded language" giving leeway Re: benefits- quantity, quality. Concern about benefits being too frugal.

Question: Can you speak to states intention are you committed to "Gold Standard" for Tennessee.

Commissioner McPeak response: Described process- uncertainty re: actuarial basis. TennCare doing its own analysis of options.

-Clarified her role not to decide exchange details.

-Confirmed there is broad language in HHS guidance- influenced habilitation uncertainty.

2) Kathy Manning-

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Question: Autism- is there a state mandate- some uncertainty as to what is required and provided- is it fairly equal across plans, FEHBP unclear in chart.

Commissioner McPeak response: State mandates important, considering carefully- see's little need for revision.

3) Douglas Nanney- Cornerstone Program, Chemical dependency treatment

Focus: Supports availability of residential treatment, high income folks go to residential treatment right away- but insurers often say unnecessary for others- insurance company worries about profits, mind set to deny on medical necessity. Folks in residential treatment are far more successful. Spent \$1- \$7 in savings. Used opiates as an example- often have residential treatment as not medically necessary by insurers (use methadone etc.) Road full of potholes.

Availability of benefit does not end discussion- care managers often deny care.

4) Leslie El-Sayad- National Alliance on Mental Illness

Focus: Mental Health

Wants barriers removed to access treatment- support for outreach to those not easily accessible (prisoners, homeless, etc.) Transportation necessary. Will there be consumers on panel deciding plan? Discharge support critical. We know there are programs that work that need money.

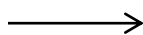
5) Richard Hennigan- Nurse Practitioner (retired) Tennessee Health Care Campaign volunteer

Focus: Supports broad benefits

Appreciates opportunity, need to take into account diversity of population.

-Adopt most comprehensive plan- in reviewing chart "devil is in the details" you can choose to supplement to make sure plan is adequate.

Behavioral Health, Long term Rehab, Habilitation drugs



Particular areas of concern

-No data yet available on actuarial value.

- 1 in 6 in Tennessee uninsured.

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Drugs: HHS rules 1 drug in each category in each class. For most classes necessary to avoid discrimination. This can be done- but not without removing the limits. (Has written statement to submit).

6) Dr. Lance Laurence- Clinical Psychologist UT faculty Tennessee Psychologist Association Representative. (Submitted Power Point).

Focus: Psych services

Key Points:

- a. No matter what plan, MH and substance abuse must be consistent with Federal parity law.
- b. Strong adherence to Tennessee law- Section 56 re: mental health utilization law, criteria for review and other enforcement needs.
- c. Integrated care- need to manage patients in integrated way- needs to have behavioral provider on all state oversight/bodies.
- d. Billing procedures- need to be able to coordinate and bill for both physical and behavioral together.
- e. Continuing education requirements for providers, consider requiring as part of quality initiatives.

7) Cole Harris- Association of Health underwriters

Focus: Affordability concerns- if we do maximum may be beyond some small businesses capacity to finance.

HRA, HSA contributions- how will they be treated- are they considered in calculating deductible.

Comment from Audience- Small businesses can get some help.

Commissioner McPeak response: We need small business in and outside of exchange.

8) Patty Johnstone- College of Health Sciences- Department of Audiology

Focus: Hearing aid for children.

Have not received any reimbursement to date from insurers- there is some confusion on this issue regarding coverage.

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Commissioner McPeak response: We expect this mandate would be included in state mandates in plans. We would be happy to look into any denial of benefits, Larry Knight has investigators.

There is ambiguity coverage plans a maximum of \$1000 but there is no minimum.

9) Susie McCaney- Deaf educator, Tennessee Hands and Voices

Focus: Hearing aids for kids

Make sure hearing aid coverage included

10) Sarah Heln- MS patient, MS Society, University of Tennessee

Focus: Services for MS patients

We recommend state employee health plan PPO be benchmark chosen-increasing need for treatment throughout all stages of MS- all should be covered- HH, OT, PT, diagnosed 9/11/2001 taken off drug for drug holiday- had done well for years- led crisis- due to state insurance was able to stay input for 2 weeks- then outpatient for 18 months- given PT and braces, she has her life back because of coverage PT/OT critical.

11) Lance McCold-

Focus: Prosthetic devices

Son had prosthetic most of his life. He is blessed because he had insurance coverage. One of the plans includes benefit of \$2500/year for far too little. \$19,000 for his \$6,000 for foot, liner \$1,000 each. Without insurance- hopeless- need adequate coverage.

12) Eileen Milburn- new to Tennessee

Focus: Eyeglasses for children critical answer- intended to be.

13) Joyce Judge- National Association Mental Health Tennessee

Focus: Drug coverage

Urge you to get input from other Commissioners- not all medicines fit the bill- be sure there is flexibility and an adequate number of drugs in all classes. Off label drugs work as well and should be included.

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14) Nurse practitioner in community

Focus: health issue requirements

for all providers- try to coordinate insurance plans and come to an agreement on who is eligible for coverage. Create system of prior approval and "licensure" for registration to avoid large demands from multiple insurance companies for information in many forms.

15) Lois Mckown-

Focus: Durable Medical Equipment (DME)

Rare progressive condition, lost her job, Medicare did not kick in immediately (1994) coverage critical to her. Grateful you are considering - hope coverage is affordable. She has 14 coworkers- part timers, tough to cover them. They cannot afford coverage.

What is considered durable medical equipment? One plan limits amount. (United) Grossly inadequate. Are you going to make clear wheelchairs covered? Will you allow people to buy walkers with their money? Wheelchairs in demand/custom made. Hearing aids for children. Medications they need. Mentioned friend who is sole proprietor- paying \$400/month for insurance, did not get care she needed.

Commissioner McPeak response: We will look into question of durable medical equipment, also preventive benefits.

16) Jill Beason- Rural Health Association of Tennessee

Focus: Prevention

Emphasis on prevention. Critical high rates of chronic disease in rural population.

Reimburse telemedicine, critical in rural areas.

17) Carolyn Koop- Breast cancer survivor

Focus: Durable Medical Equipment (DME)

Disappointed not more coverage of meetings. She is breast cancer survivor, chronic condition requires compression garments but denied by insurance companies. Want employers to offer the coverage.

Endocrinologist not available - has to see primary care provider. We need more specialists. Communications not adequate.

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18) Dr. Don Thompson- Audiologist

Focus: Hearing aid coverage for children.

Language skills really delayed without coverage of hearing aids.

19) Nutrition and Dietician

Focus: Preventive services

Preventive services critical, but only coverage for diabetes, kidney disease should cover services of registered dietician.

Limitation on coverage for smoking cessation in some plans- needs to be adequate.

20) Linda Mayer- Tennessee Health Care Campaign

Focus: Drug Coverage

Need to look at long term costs vs. short term

drugs- one per class inadequate

DME- must be adequately covered

Case management- needs to be looked at. Managers need to consider what works. Substance abuse and MH coverage inadequate.

21) Mary Wilson- Social Activist

She is already benefitting from ACA. Five mammograms, screenings, annual physical donut hole. Daughter got lifetime coverage through Tricare. Coverage of those up to 26

22) Lenny Crow-

Question: Is habilitation defined?

Commissioner McPeak response: We are working to determine what this is- we are seeking more information from admin- we will provide info as we get it.

23) Dotty Peagler- NAMI

Question: Thought meeting was about government accepting what federal law requires. Is state of Tennessee going to accept or reject federal law?

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Commissioner McPeak response: No final answer, we are implementing the laws but legislature has a role too.

Question: 1996 mental health parity- will this law be implemented? Will federal law super cede state law?

Commissioner McPeak response: Looking at it now.

Question: What is cost to taxpayers if Governor rejects Obama Care?

Commissioner McPeak response: The Governor is looking at all these issues has not made a final answer, looking at lots of consideration- also noted that Governor does not have all the authority- legislature is critical.

24) Rick Roach-

Question: Definitions re: Habilitation can we have commitment state will try to clarify as quickly as possible?

Commissioner McPeak response: Asking HHS daily, but not hearing much.

25) Randall Dyer- Small business owner

Focus: Provide coverage for his employees. you must be overwhelmed with what you have heard today. "I for me" would recommend implementation of ACA without the usual bickering.

26) Carolyn Koop-

Focus: DME

Breast cancer survivor. There is a federal law- 1998 Women's Cancer Rights, Lymphedema is required to be covered. Often not covered adequately.